



City of South Pasadena  
Recreation Division  
**Thanksgiving Break  
Day Care Program 2016**



Registration Admission Agreement  
One Application per Child

FOR OFFICE USE ONLY	
Receipt #	
Amount	

Thank you for your interest in the City of South Pasadena Thanksgiving Break Day Care Program.

*815 Mission St., South Pasadena, CA 91030. Phone: (626) 403-7380.*

I understand that I am enrolling my child \_\_\_\_\_ in the Camp Med Program.

Thanksgiving Break Schedule (11/21-11/23) 1 child=\$97/week; 2 children=\$182/week

Monday November 21	Tuesday November 22	Wednesday November 23	Thursday November 24	Friday November 25
7:30am-6:30pm	7:30am-6:30pm	7:30am- <b>3:00pm</b>	CLOSED	CLOSED

Child information

Name \_\_\_\_\_ Male ☐ Female ☐ Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies & Illnesses

List any allergies or medications (Please specify the severity): \_\_\_\_\_  
\_\_\_\_\_

Does your child require an Epi-Pen? Yes ☐ No ☐

List any medical, developmental or physical conditions (Please specify the severity): \_\_\_\_\_  
\_\_\_\_\_

Past illnesses- Check (✓) illnesses that child has and specify approximate dates of illness:

Illness	Dates	Illness	Dates	Illness	Dates
__ Chicken Pox		__ Diabetes		__ Poliomyelitis	
__ Asthma		__ Epilepsy		__ Ten-Day Measles	
__ Rheumatic Fever		__ Whooping Cough		__ Three-Day Measles	
__ Hay Fever		__ Mumps			

Parent/Guardian (printed) \_\_\_\_\_ Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



Please provide the best email address to keep you updated with the latest information

# Camp Med Emergency information

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Secondary #/Cellular \_\_\_\_\_

Work Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Secondary #/Cellular \_\_\_\_\_

Work Address \_\_\_\_\_

## Names of Persons Authorized to Take Child from the Facility

(Child will not be allowed to leave with any other persons without written authorization from parent or guardian. **All authorized persons should be at least 18 years old.**)

Over 18yrs?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Yes ☐ No ☐

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Yes ☐ No ☐

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Yes ☐ No ☐

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Yes ☐ No ☐

## Additional Persons Who May be Called in an Emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Secondary #/Cellular \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Secondary #/Cellular \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Secondary #/Cellular \_\_\_\_\_ Relationship \_\_\_\_\_

## Emergency Medical Care:

Doctor/Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address/Hospital \_\_\_\_\_ Medical Plan and Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address/Hospital \_\_\_\_\_ Medical Plan and Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Camp Med Liability Waiver and Consent Form

I fully understand that the participation of my child/children in South Pasadena Camp Med Thanksgiving Break Day Care Program and related activities associated with the program (hereinafter "program") exposes them to the risk of personal injury, death or property damage. I hereby acknowledge that I am granting my child/children permission to participate in the program and agree to assume any such risks.

In consideration for being permitted to participate in the program, I hereby agree, for myself, my heirs, administrators, executors and assigns, to indemnify and hold harmless the City, its officers, employees, or agents from any and all claims, demands, actions or suits arising out of or in connection with my child's participation in the program from whatever cause, including the active or passive negligence of the City or any other participant in the activity.

I agree to represent that my child has no physical impairment with the activities planned. (See Health History form to inform us in writing of any medical problems.)

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital services that may be rendered to said child under general or special instructions of the emergency room physician, whether such diagnosis or treatment is rendered at the hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage said physician(s) to exercise his/her best judgment as to requirement of such diagnosis or treatment.

## Participants Code of Conduct

- I will treat participant and staff with respect and common courtesy.
- If I have a complaint or concern about anything, or anyone, I will contact a staff member (in private if necessary) rather than be derogatory or negative in public.
- I will refrain from any physical violence of any kind, or the threat of physical violence, towards a fellow participant, the public or representative of the City of South Pasadena Community Services Department.
- I will refrain from any objectionable demonstrations, such as throwing items, or any other forceful actions towards fellow participants, or representative of the City of South Pasadena Community Services Department.
- I will refrain from any verbal abuse upon a participant or representative of the City of South Pasadena Community Services Department.
- I will refrain from using profanity, obscene or vulgar language in any manner at any time.
- I will stay in the specified Camp Med limits at all times unless a representative of the City of South Pasadena Community Services Department instructs me otherwise.

I agree that if I do not comply to these rules, or engage in any other detrimental behavior, at any time throughout the care of Camp Med, Camp Med reserves the right to enforce a "3 STRIKE POLICY". A "STRIKE" is a written warning that will be filed in the participant's record. This written warning may vary due to the severity or frequency of the behavior. If the behavior continues, a second strike will be given, as well as a meeting with the Program Specialist and my Parent/Guardian. The third strike will be the last written warning, resulting in a final meeting with the Program Specialist, Program Specialist's Supervisor and Parent/Guardian--possibly resulting in removal from the Camp Med Program.

Participants Signature\_\_\_\_\_

I have read the code of conduct and agree to instruct my child to cooperate to the fullest with the staff of the program(s) sponsored by the South Pasadena Community Services Department.

**This release and consent shall remain in effect until the end of the program, November 23, 2016.**

**I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT IT IS A FULL RELEASE OF ANY AND ALL POTENTIAL AND ACTUAL LIABILITY WITH THE CITY OF SOUTH PASADENA AND SIGN ON MY OWN FREE WILL.**

Parent/Guardian Name\_\_\_\_\_ Date\_\_\_\_\_

# Camp Med Payment Policy & Responsibility

Please read and initial.

\_\_\_\_ Thanksgiving Break Day Care Program fee is \$97 per child; 2 children = \$182 per week; 3 children = \$263 per week. We do not prorate for missed days.

\_\_\_\_ Registration application is required for each camper with full payment. Payment for Thanksgiving Break is due upon registration.

\_\_\_\_ If there is an outstanding balance, camper will not be allowed to return to Camp Med, balance will need to be paid, and the account will be turned in to the Finance Department for collections.

\_\_\_\_ There will be no make-up days, refunds, or credits if a camper misses camp day(s).

\_\_\_\_ Any cancellations must be made through the Recreation Office (626) 403-7380, not Camp Med site.

## Camp Med Photo/Video Release

I hereby give permission for images of my child, captured during regular and special Camp Med activities through video, photo and digital camera, to be used solely for the purposes of promotional material and publications, and waive any rights of compensation or ownership thereto.

- ☐ Yes, I give my permission  
☐ NO, I do not give my permission

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## **CREDIT CARD AUTHORIZATION FORM FOR CAMP MED AUTO-PAY**

I give my permission to the City of South Pasadena to charge my credit card for the Camp Med Thanksgiving Break Program. Fees: \$97 per week/per child.

Child's name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Type (Visa, MC, AMEX, Discover)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CITY OF SOUTH PASADENA

### FIELD TRIP/ACTIVITY PERMISSION SLIP

Participant has permission to participate in the City of South Pasadena's Camp Med Program Activity, including but not limited to: Off-site field trips/excursions via motor coach bus or walking, on-site activities, pool trips, and any other activities.

1. I authorize Camp Med staff who will participate in this Activity to obtain on behalf of my child, at my expense, any first aid or emergency medical services which may be considered necessary or advisable at any time during this Activity. I understand efforts will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the Camp Med staff to consent to whatever medical or surgical treatment may be considered necessary or advisable by a physician or nurse treating such injuries.

2. Special medical needs or conditions of my child/children (e.g. allergies, medications):

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3. Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

On behalf of myself, my heirs, executors, administrators and assigns, in consideration of participating in the Activity by the City of South Pasadena, I do hereby acknowledge that it has been disclosed to me that participating in this Activity is a voluntary recreational activity which involves inherent risks, dangers and hazards to myself, other participants and non-participants, including, but not limited to, slipping and falling, injuries caused by other participants, said activities may be a dangerous recreational sport which presents the risk of serious bodily injury or death; that all participants in this event, including myself, knowingly and voluntarily assume and acknowledge the risks and liabilities. I further acknowledge and understand that I am accepting "AS IS" any activities held during Activity and any other equipment involved or provided to me in connection with Activity, and further acknowledge that NO WARRANTIES are being extended to me with respect to any aspect of the programming or activity. I further agree that, in the event that my participation in any activity should result in bodily injury or death to myself or any other person, I will not file any claim or lawsuit against the City and do hereby release, acquit and discharge the City of South Pasadena, together with its agents, employees, officers, shareholders, directors, volunteers, successors and/or assigns, of and from any and all claims, damages, costs, liabilities or suits of any kind or nature whatsoever.

I have read and understand the foregoing Field Trip/Activity Permission Slip, and agree to be bound thereby. I further understand and agree that if I am signing this release as a parent or guardian on behalf of a minor child, I am binding said child to the terms hereof.

Participants Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_